

**Kansas Department of Health and Environment**  
**Bureau of Community Health Services**  
**Health Facilities Program**  
**Statement of Attestation for Home Health Agency License**

\*The boxes must be checked and all spaces completed for the attestation to be considered completed.

As an authorized representative of \_\_\_\_\_  
(Agency Name and Address)

I attest that I have reviewed each state requirement for licensure of a home health agency and this agency is in compliance with:

☐ KSA 65-5105 et seq. and amendments thereto; and KAR 28-51-1 et seq. and amendments thereto.  
further attest that the agency:

☐ Has, if owned by a corporation, registered that corporation with the Kansas Secretary of State's Office;

☐ Will neither serve home health agency patients nor establish branch offices beyond 100 miles of the parent location;

☐ Understands that violations of any of the provisions of KSA 65-5101 et seq. is a Class B misdemeanor;

☐ Understands that a home health agency license may be denied, suspended or revoked for failure to achieve or maintain substantial compliance with the home health agency licensure law, implementing regulations and any other standard adopted by KDHE or if a license has been obtained by means of fraud, misrepresentation or concealment of material facts;

☐ Understands that KDHE may conduct survey inspections at any time during normal business hours and that failure to allow access for conducting such surveys constitutes grounds for denial, suspension or revocation of a license;

☐ Will utilize home health aides meeting the requirements of KSA 65-5115 and KAR 28-51-108 and KAR 28-51-112 through KAR 28-51-116;

☐ Will notify the Bureau of Health Facilities of changes in the address, administrator, ownership, services offered, geographic area served and other materials circumstances including closure of the agency;

☐ Will utilize an administrator and a person designated to act in the absence of the administrator who meet the requirements of KAR 28-51-100 (a) and (c);

☐ Will comply with the employee background check provisions of KSA 65-5117.

I certify that all information given is true and correct and I am authorized to represent the governing body, corporation, individual, or partnership in whom is vested the responsibility for operation of the agency. I understand that this statement is a public record.

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone No.